

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>5-16-05</u>		2 Serial/Patent # <u>09/208064</u>								
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing <u>R C E</u>		<u>8/24/84</u>	\$ <u>770</u>							
<input type="checkbox"/> Amendment			\$							
<input checked="" type="checkbox"/> Extension of Time		<u>8/24/84</u>	\$ <u>120</u>							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ <u>890</u>							
8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check								
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td></tr></table>		1	1	--	0	6	0	0
1	1	--	0	6	0	0				
<input checked="" type="checkbox"/> No Fee Due (Explanation):										
<u>RCE is improper; Eot is late</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>F Hicks</u>		TITLE: <u>Asst Dir</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>571 272 3218</u>								
OFFICE: <u>4700</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>5/17/05</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**